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FEE TRANSMITTAL For FY 2006    Applicant claims a mall entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$) 395.00   Attorey Docket No.   312762004100    METHOD OF PAYMENT (check all that apply)					Complete if Known					
FOR FY 2006    First Named Inventor   Ping JIANG   Examiner Name   H. Sang     X   Applicant claims small entity status. See 37 CFR 1.27   Art Unit   1643     TOTAL AMOUNT OF PAYMENT   (\$) 395.00   Attorney Docket No.   312762004100				App	lication Num	Number 10/712,782				
Examiner Name H. Sang    X   Applicant claims small entity status. See 37 CFR 1.27   Art Unit 1643   TOTAL AMOUNT OF PAYMENT (\$ 395.00   Attorney Docket No. 312762004100   METHOD OF PAYMENT (check all that apply)   Check   Credit Card   Money Order   None   Other (please identify):       Deposit Account   Deposit Account   None   Other (please identify):       Deposit Account   Deposit Account   None   Other (please identify):       Deposit Account   Deposit Account   None   Other (please identify):         Deposit Account   Deposit Account   None   Other (please identify):				Filin	g Date					
X   Applicant claims small entity status. See 37 CFR 1.27   Art Unit   1643				First	Named Inv	entor	Ping JIANG			
METHOD OF PAYMENT (check all that apply)					Examiner Name H. Sang					
METHOD OF PAYMENT (check all that apply)	X Applicant claims small entity status. See 37 CFR 1.27				Unit 1643					
Check	TOTAL AMOUN	T OF PAYMENT	(\$) 395.00	Atto	mey Docket	No.	312762004100	)		
Deposit Account   Deposit Account Number: 03-1952   Deposit Account Name:   Morrison & Foerster LLP	METHOD OF	PAYMENT (check	all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below	Check	Credit Card	Money Order	None	Other (	please ider	ntify):			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee	x Deposit Acco	Dunt Deposit Account	Number: 03-1952 Depos	it Account Na	ame:	Mo	orrison & Foers	ter LLP		
Charge fee(s) indicated below, except for the filing fee    X   Charge any additional fee(s) or underpayment of tee(s) under 37 CFR 1.16 and 1.17   TEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)   A BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Sma	L						ck all that apply)			
Tee(s) under 37 CFR 1.16 and 1.17								xcept for the	filing fee	
Substitution   Call the fees below are due upon filing or may be subject to a surcharge.				t of	x Credit	any over	payments			
Application Type				ıpon filir	ng or may	be subi	ect to a surcha	arge.)		
Filing FEES   Small Entity   Fee (\$)   Fee (				ipon iiii	ig or may	20 0,				
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Design   200   100   100   50   130   65	A W					Foo (\$)		Fees Pa	id (\$)	
Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof fee (\$)  Fee Paid (\$)	•							10011	1.47	
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Provisional   200   100   0   0   0   0   0   0   0   0										
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims  Total Claims  Sumil Entity Fee (\$)  Fee (\$)  Each independent claims  Total Claims  Sumil Entity Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Multiple Dependent Claims  Sumil Entity Fee (\$)  Each independent claims  Total Claims  Sumil Entity Fee (\$)  Each independent claims  Sumil Entity Fee (\$)  200  100  Multiple Dependent Claims  Sumil Entity Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims Fee (\$)  Fee Paid (\$)  1 -3 = x = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof sheet sheets or fraction thereof sheet sheets or fraction thereof sheet sheets or fraction sheet sheets										
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Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  1		20 (including Reiss	ues)					50	25	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  9 -20 =	Each independen	t claim over 3 (incl	uding Reissues)					200		
9 -20 = x = 0.00 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  1 -3 = x = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 (round up to a whole number) x =  4. OTHER FEE(S) Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00	Multiple depende	ent claims							180	
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims	Total Claims	Extra Claims	Fee (\$) F	ee Paid (	\$)	Δ				
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SUBMITTED BY								5.00		
Signature (Attorney/Agent) 29,939 Tolephone (030) 720 0112	Signature	V-10-54	Munale	Regis	stration No.	29,959	Telephone	(858) 720	-5112	

SUBMITTED BY					
Signature	Kate A. Murule	Registration No. (Attorney/Agent)	29,959	Telephone	(858) 720-5112
Name (Print/Type)	Kate H. Murashige	)		Date	September 19, 2006

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## Request For Continued Examination (RCE) **Transmittal**

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/712,782	
Filing Date	November 12, 2003	
First Named Inventor	Ping JIANG	
Art Unit	1643	
Examiner Name	H. Sang	
Attorney Docket Number	312762004100	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were fled unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).						
a. Previous may be	a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.					
i. Con	sider the arguments in the Appeal Brie	f or Reply Brief pre	eviously f	iled on		
ii Othe	er					
b. x Enclose	d					
i. X Ame	endment/Reply (5 pages) iii.	Information [	Disclosur	e Stateme	nt (IDS)	
ii.	Affidavit(s)/Declaration(s) iv.			nittal (1 p ceipt Post	age + duplicate); card	
2. Miscellaneous	]					
period o	f months. (Period of susp					
b. Other  3. Fees The RC	E fee under 37 CFR 1.17(e) is required	by 37 CFR 1 114 w	hen the F	RCE is filed.		
a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 03-1952   Lhave enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.						
i. X RCE	E fee required under 37 CFR 1.17(e)					
ii. Exte	ension of time fee (37 CFR 1.136 and 1	.17)				
iii. Othe	er	•				
b. Check in	the amount of \$	enclo	sed			
c. Paymen	t by credit card (Form PTO-2038 enclo	sed)				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Signature	Kate A. Muras	است	Date	Septeml	ber 19, 2006	
Name (Print/Type)	Kate H. Murashige		Registra	tion No.	29,959	

I hereby certify that this paper (along with any paper rethe date shown below with sufficient postage as First (	eferred to as being atta Class Mail, in an envelo	ched or enclos	osed) is being deposited with the U.S. Postal Send to: MS RCE, Commissioner for Patents, P.O. E	vice on 3ox
1450, Alexandria, VA 22313-1450.	_		<b></b>	

Dated: September 19, 2006